OFFICIAL FILE ELLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

For Commission Use Only:
Case: 02-0432
<u> </u>

Regarding a complaint by (Person making the complaint): COMMON WEALT Against (Utility name): Being Charged in excess of 8 years, only repaid CHICAGO Illinois. TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS: 4426 5. Whipple chicago 11,60632 My mailing address is The service address that I am complaining about is 4426 5. Whipple Chigo. IL. 60632 [773] 927-7976 My home telephone is [773] 927 - 7976 Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (full name of utility company) Common Wesch Elison CO. (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act. In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint. Formal Complaint Sec. TITLE 83 Sec. 280. 75

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

Yes 🗌 No

Has your complaint filed with that office been closed?

🔀 Yes 🗌 No

Please state your	r complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your com	ıplaint. Use an
	oper if needed Com Ed has been Charging my residence	asa
	for more than Bys. Syrsago Com Ed instar	lled
ew meter	1 . that the	exce
here it	is overcons	mi
he error	was found by con ca when & guestioned	
ill increa	I It Is owed Com Ed Byes of paymen	10,
e overd	raft it	
m Cerl	din they would require full payment.	Bills
Please clearly sta	ate what you want the Commission to do in this case: To recover monies one	d me
m Con E	d & interest which they earned on my	over
mil	payments which were made + given to	thom
2 the	last Bus due to their error.	
D		
иате: <i></i>	(Month, day, year) Complainant's Signature Schocal Hair	cerca
15		
if an atturney will	represent you, please give the attorney's name, address, and telephone number.	
Vou poul to file the	an original with the Properties of the State	
TOU NEED TO THE CH	ne original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).	
	VERIFICATION	
A notary public mu	ust witness the completion of this part of the form.	
The contents of thi	RAA WAITEKUS, first being duly sworn, say that I have read the above petition and know whis petition are true to the best of my knowledge.	vhat it says.
G) 1	
(Signature) 🔏	Leforah 11 Wartefies	
Subscribed and sy	war \bar{y} / affirmed to before me on (provide 2 day, year) $O6/20/02$	
Notary Public, Illino	Inis Francisco	
Tibrat y / abito, mine	OFFICIAL SEAL CHARLES A. KOZLOWSKI	
	MY COMMISSION EXPIRES 7-18-2003	
NOTE: Failure to	**************************************	
note. Idillict	grower all of the questions on this form may possible this form bain anti-	
	answer all of the questions on this form may result in this form being returned without processing. If you have questions he Consumer Services Division that handled your informal complaint.	s, please call

lcc207/07